Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER TAXPAYERS FOR MEASURE EE			Date of This Filing	10/27/12	Date Stamp CA	CALIFORNIA 497	
AREA CODE/PHONE NUMBER		I.D. NUMBER (ifapplicable)		E1	2410	For Official Use Only	
949-759-9341		1350862	Report No.		Pwd 10.29.12 8.29am	53 (53 (43 (53 (53 (53 (53 (53 (53 (53 (53 (53 (5	
STREET ADDRESS			Amendme	nt	10.20.12		
1970 PORT PROVENCE PLACE			to Report No.		a. 20 am		
CITY STATE ZIPCODE		(explain below)					
NEWPORT BEACH C		CA 92660	CA 92660 No. of Page		lib		
Late Contribu	ition(s) Received						
DATE RECEIVED	FULL NAME	BUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL. ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) AMOUNT RECEIVED			
10/27/12	OCTAX PAC, SPONSORED BY THE ORANGE COUNTY TAXPAYERS ASSN RESTRICTED USE ACCOUNT # 1288619			IND COM OTH PTY SCC		\$1,000.00	
				IND COM OTH PTY SCC		☐ Check if Loan	
SOMEONIC CONTINUES OF CONTINUES				IND COM OTH PTY scc		☐ Check if Loan	
*Contributor Codes IND – Individual COM – Recipient Co	ommittee (other than PTY or	PTY – Political Party SCC) SCC – Small Contributor Commi	ttee				
Reason for Amend	dment:					EPPC Form 497 (Jan/03	